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ABSTRACT

This paper addresses issues related to Medicaid-reimbursable nursing services covered under the Florida Medicaid Certified School Match Program and the federal Medicare Catastrophic Coverage Act in coordination with the Individuals with Disabilities Education Act. Following a brief section providing background information, 23 questions and answers are grouped into the following categories: (1) general (e.g., what nursing services are included and excluded under the program, student eligibility, and medication administration); (2) providers (e.g., who can provide Medicaid-reimbursable services, required supervision of licensed practical nurses and school health aides); and (3) service and documentation requirements (e.g., Medicaid requirements in the student's record, the diagnosis statement, referencing the need for a Medicaid-reimbursable nursing service on the individualized education plan, and logging of service documentation). Also included are a list of area Medicaid school contacts, the documentation of nursing services form, and the documentation of medication administration form. (DB)

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ED 473 006

Medicaid Certified School Match Program: Nursing Services
Technical Assistance Paper

Florida State Department of Education
Division of Public Schools and Community Education
Bureau of Instructional Support and Community Services

August 2001

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Medicaid Certified School Match Program: Nursing Services

Background

In 1988, Congress passed Section 411(k)(13) of the Medicare Catastrophic Coverage Act to ensure that Medicaid would cover medically necessary health-related services provided to a child under the Individuals with Disabilities Education Act (IDEA) and specified in a child's individual educational plan (IEP) or family support plan. The intent of Congress was to enable Medicaid and IDEA to be used together to meet the educational and health-related needs of children with disabilities. Some services on a student's IEP or family support plan are educationally relevant and are also medically necessary, and thereby reimbursable by Medicaid.

The 1995 Florida Legislature provided authorization, with revisions made in 1997 (ss. 236.0812, 409.9071, 409.908, 409.9122 and 409.9126, Florida Statutes), to the Florida Agency for Health Care Administration (AHCA) and the Florida Department of Education (DOE) to develop a category of school-based services termed the Medicaid Certified School Match Program to reimburse school districts for services provided to Medicaid-eligible students who qualify for services under IDEA, Part B or C. Under the Medicaid Certified School Match Program, school districts are reimbursed for the federal portion, or approximately 56 percent, of the Medicaid-established reimbursement fee for medically necessary services covered under the program. Only school districts may enroll as providers and receive reimbursement under the Medicaid Certified School Match Program.

Since the enactment of the legislation, DOE has been working with AHCA and school district staff to define the direct services that will be reimbursable to school districts. This process has included determining provider qualifications, documentation requirements, and reimbursement procedures. The reimbursable services are

- ☐ speech/language therapy (S/L)—group and individual services
- ☐ physical therapy (PT)—group and individual services
- ☐ occupational therapy (OT)—group and individual services
- ☐ behavioral services—group and individual services
- ☐ nursing services (including medication administration)
- ☐ transportation services

Paper Number: FY 2001-12

August 2001

Division of Public Schools
and Community Education

Bureau of Instructional Support
and Community Services

Refer Questions To:
Lezlie Cline(850) 488-1106 or SC 278-1106
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TECHNICAL ASSISTANCE PAPERS are produced periodically by the Bureau of Instructional Support and Community Services to present discussion of current topics. The TA Papers may be used for inservice sessions, technical assistance visits, parent organization meetings, or interdisciplinary discussion groups. Topics are identified by state steering committees, district personnel, and individuals, or from program compliance monitoring.

The legislation also allows school districts to be reimbursed by Medicaid for administrative outreach activities, which are not considered to be direct services.

Note: Refer to Technical Assistance Paper FY 1999-8, "Medicaid School Match Program: Speech-Language, Physical, and Occupational Therapy," for questions and answers regarding Medicaid-reimbursable therapy services.

The *Medicaid Certified School Match Program Coverage and Limitations Handbook* details allowable services, requirements, and procedures. School districts should be aware that Medicaid policies are subject to change. It is important that school districts maintain and distribute to appropriate staff the most current handbook information. The handbook can be found at **http://www.floridamedicaid.consultec-inc.com**. Medicaid requires that chapter one (General Requirements) and the service-specific chapters of the handbook are disseminated to school district staff providing Medicaid-reimbursable services. Chapter eight is specific to nursing services. Other chapters in the handbook detail policies relating to transportation, therapy services, and behavioral services.

In each geographic region, there is an area Medicaid office that employs a person specifically assigned to assist school districts in the implementation of the program. School districts can obtain current policy information from these area Medicaid school services representatives. A list of these representatives is attached (appendix A).

It is recommended that school districts develop and implement a plan for inservice training and regular communication to ensure all appropriate district and school staff are informed of all policies and procedures associated with the Medicaid Certified School Match Program. The area Medicaid school services representatives are available to assist in conducting this training and may also assist with the development of training materials.

This Technical Assistance Paper deals specifically with the Medicaid-reimbursable nursing services covered under the Medicaid Certified School Match Program. The following questions and answers, along with the attached sample documentation forms (appendices B and C), will assist school districts in following procedures and maintaining accurate records that meet all Medicaid documentation requirements.

Questions and Answers

General

1. What nursing services provided by school districts are reimbursable by Medicaid?

Medicaid-reimbursable nursing services, as defined by AHCA, include but are not limited to the following services provided to an individual student or on behalf of an individual student:

- ☐ health assessments
- ☐ individual student health training and counseling
- ☐ catheterizations, tube feedings, maintenance of tracheotomies, oxygen administration, specimen collection, and ventilator care
- ☐ health monitoring and management
- ☐ health care treatment and procedures
- ☐ management of chronic health care
- ☐ health care coordination and referrals
- ☐ compilation of health histories
- ☐ screenings such as scoliosis, dental, vision, hearing, growth, and development
- ☐ emergency health care
- ☐ consultation and coordination with other health care staff, parents, teachers, and family during the IEP/family support plan development and review process or at other times deemed appropriate by the school district staff performing nursing services

Services are billed in fifteen-minute units of service. See the *Medicaid Certified School Match Coverage and Limitations Handbook* for related policy information.

Note: For the above services to be reimbursed by Medicaid, the need for the services must be referenced in the IEP or family support plan (see question #16).

2. What nursing services provided by a school district are excluded from Medicaid reimbursement under the Medicaid Certified School Match Program?

Pursuant to s. 236.0812, Florida Statutes, Medicaid may not reimburse a school district for family planning services, prenatal care, or immunizations. Medicaid will not reimburse for services provided to a group of students, such as group health classes related to safety and hygiene. Services not on the student's IEP or family support plan will not be reimbursed by Medicaid.

3. **When is a student eligible for the Medicaid Certified School Match Program?**

According to policy stated in the *Medicaid Certified School Match Program Coverage and Limitations Handbook*, to be eligible for the program a student must

- ☐ be Medicaid-eligible on the date the service is rendered for which reimbursement is sought
- ☐ be under the age of 21 years
- ☐ be considered disabled under State of Florida Board of Education Rule definition
- ☐ be entitled to receive school district services under the Individuals with Disabilities Education Act (IDEA), Part B or Part C
- ☐ have Medicaid-reimbursable services referenced in his or her individual educational plan (IEP) or family support plan (see questions #16, #19, #20)
- ☐ have Medicaid-reimbursable services recommended by a qualified Medicaid provider (see questions #17 and #18)

4. **Does Medicaid require a nursing assessment or screening to be performed in order to bill Medicaid for ongoing nursing services?**

No. Medicaid does not require a nursing assessment or screening prior to the delivery of Medicaid-reimbursable nursing services.

Note: The requirements for nursing services differ from those for occupational, physical, and speech/language pathology services, which do require an evaluation to establish the necessity for services.

5. **Will the type of nursing services a school district provides to a student change when the school district enrolls in the Medicaid Certified School Match Program and begins billing Medicaid?**

No. Nursing services provided to a student should not change when the school district participates in the Medicaid program. Medicaid-reimbursable nursing services are provided in accordance with needs identified during the IEP or family support plan meeting and subsequently identified on the student's IEP or family support plan. Participation in the Medicaid program reimburses the school district for medically related services identified in an IEP or family support plan and provided to a student. Medicaid reimbursement, like the matrix of services, is a funding mechanism. Although nursing services provided to a student will not change due to participation in the Medicaid program, school district staff may need to change the manner in which they document the provision of services to comply with Medicaid requirements.

6. **Is medication administration considered by Medicaid to be a nursing service?**

   Although Medicaid considers medication administration to be a nursing service in the context of general nursing activities, medication administration is reimbursed separately on a fee-per-dose basis.

7. **When a school district nurse assists a student with medication, what part of the service is reimbursable by Medicaid as medication administration and what part of the service is reimbursable by Medicaid as a nursing service?**

   Time spent preparing the medication, administering the medication, and documenting the service is included in the fee-per-dose medication administration reimbursement. Time spent observing or treating a student's reaction to medication is reimbursable as a nursing service.

Providers

8. **Who can provide Medicaid-reimbursable nursing services?**

   Medicaid-reimbursable nursing services can be provided by licensed registered nurses, licensed practical nurses, and qualified school health aides. Licensed practical nurses and school health aides must be working under the supervision/direction of a licensed registered nurse (see question #10).

   Credentialing requirements for each of the allowable nursing services providers can be found in the *Medicaid Certified School Match Program Coverage and Limitations Handbook* at **http://www.floridamedicaid.consultec-inc.com**.

9. **Are nurses with temporary licenses qualified to provide Medicaid-reimbursable services?**

   No. Medicaid will not reimburse school districts for services provided by nurses with temporary licenses.

10. **What type and level of supervision/direction is a school district required to provide to licensed practical nurses and school health aides?**

    Medicaid policy requires that nursing services performed by licensed practical nurses and school health aides be rendered under the supervision/direction of a licensed registered nurse, as governed by the state Nurse Practice Act, chapter 464, Florida Statutes. However, this statue is silent regarding the supervision of school health aides. Chapter 464, Florida Statute, requires that the work of licensed practical nurses be directed by a licensed registered nurse. Chapter 64B 9-14, requires that unlicensed assistive personnel (in this case, school health aides) be supervised by a licensed registered nurse.

Service and Documentation Requirements

11. What does Medicaid require to be in the student's record?

Medicaid requires that the student record contain a current IEP or family support plan indicating the need for nursing services, a diagnosis statement or *International Classification of Diseases* (ICD-9) diagnosis code, and documentation describing each nursing service (or medication administration) billed to Medicaid.

12. What is a diagnosis statement?

A diagnosis statement is a statement of the student's condition for which nursing services are needed. Examples of diagnosis statements would be "asthma" or "diabetes."

13. Is a diagnosis code necessary for billing Medicaid, and, if so, who determines the code?

The Federal Health Care Financing Administration (HCFA) requires that all state Medicaid agencies' claims include a diagnosis code and that the diagnosis be obtained from the treating physician, advanced registered nurse practioner (ARNP), or physician assistant (PA). Who obtains the diagnosis can vary from provider to provider. The staff should obtain the diagnosis either from the student's record (which could include information from the student's physician) or from the school nurse. The diagnosis should be matched with a diagnosis code contained in the *International Classification of Diseases* (ICD-9) book. The school district can obtain information on purchasing the ICD-9 book from its area Medicaid office school services representative.

14. Where does Medicaid require the student's record to be kept?

Medicaid has no requirements relating to the location of student records. However, state and federal education laws specify the requirement for the security and access of student records. For audit purposes, the school district should be aware of the location of all records containing documentation relating to services billed to Medicaid.

15. How long must records related to Medicaid be kept?

Medicaid requires that records documenting services be kept for five years. However, the Department of State Records Retention Schedule (GS7) requires that school health records be kept for seven years.

16. How does a school district meet the Medicaid requirement for *referencing* the need for a Medicaid-reimbursable nursing service on the IEP or family support plan?

The specific nursing service must be identified (referenced) on the IEP or family support plan as a necessary service. This requirement may be accomplished by referencing the need for a Medicaid-reimbursable nursing service within one of the following:

- ☐ the annual goals and short-term objectives section on the IEP or family support plan
- ☐ the related services section of the IEP or family support plan
- ☐ other areas of the IEP or family support plan as determined by the school district

17. How does a school district meet the Medicaid requirement for the *recommendation* for nursing services?

Prior to the time a claim for a Medicaid-reimbursable nursing service is submitted to Medicaid, a registered nurse (or physician, ARNP, or PA) must sign, credential/title, and date a recommendation for the nursing service. This recommendation may be on one of the following:

- ☐ the IEP or family support plan, if the registered nurse was in attendance at the IEP or family support plan meeting
- ■ an assessment/screening report, if the assessment/screening report includes a recommendation for nursing services
- ☐ a separate document (example: physician prescription)

18. How does a school district meet the Medicaid requirement for the *recommendation* for medication administration services?

Prescription medications have already been recommended by a health care practitioner by virtue of a labeled medication container. Thus, a separate written recommendation is not required. The completion of a non-prescription medication administration record or approval of the medication administration record (if medications are administered by a licensed practical nurse or school health aide) by a registered nurse meets the requirement for the recommendation for medication administration.

19. May a statement such as "nursing services as needed" be written on an IEP to allow for Medicaid reimbursement in the event that unplanned nursing services, such as first aid, are rendered?

No, this statement alone may not be used. Although such a statement is allowable by Medicaid, DOE requires that the specific services to be provided must be documented on the IEP or family support plan. The service must be individualized and necessary to assist a child with a disability to benefit from special education as defined in s. 300.24(a), Florida Statutes. However, if the student has a specific nursing service on the IEP or family support plan, any nursing service provided to that student becomes billable under Medicaid.

20. What are the Medicaid requirements for attendance of nurses at the IEP or family support plan meeting when the need for the service is established?

Medicaid does not require that a nurse attend the IEP or family support plan meeting at which the reference for the need for a Medicaid-reimbursable nursing service becomes part of the IEP or family support plan.

21. What are the required service documentation components for Medicaid-reimbursable nursing services?

Medicaid requires that service documentation of nursing services other than medication administration include the student's name, date of service, length of time service was performed, description of the service (unless the service was a consultation, referral, or compilation of health history), and the signature and title/credential of a nurse or qualified school health aide providing the service. The signature must be dated. The documentation components, including signature requirements and other additional clarification can be found in chapter eight of the *Medicaid Certified School Match Program Coverage and Limitations Handbook*. Appendix B is an example of a service documentation form that meets all Medicaid documentation requirements.

22. What are the required service documentation components for Medicaid-reimbursable medication administration services?

Medicaid requires that documentation of medication administration include the student's name, date of service, name of medication, time medication was given, dosage and route, and the signature and title/credential of the nurse or qualified school health aide administering the medication. The signature must be dated. Appendix C is an example of a medication administration service documentation form that meets all Medicaid documentation requirements.

23. Does Medicaid allow service documentation to be kept on logs?

Yes. Medicaid allows service documentation to be kept on logs if all documentation requirements are met. If a school district is using bubble sheets, they should be reviewed to assure all required documentation components are included. Documentation kept on logs must be signed, titled, and dated at least weekly with daily documentation initialed (or signed) by the nurse or qualified school health aide. For auditing purposes, the documentation must be individually retrievable. Although not required by Medicaid, it is recommended that service documentation, for purposes of confidentiality and ease of retrievability, be kept on individual student logs.

Appendix A

Area Medicaid School Contacts

Medicaid Area	Counties
1—Marshall Wallace **e-mail:** wallacem@fdhc.state.fl.us 6425 Pensacola Blvd/Bldg. 2, Suite 1 Pensacola FL 32505 (850) 494-5840 (SC: 690-5840) 1-800-303-2422 Fax: (850) 494-5843 (SC: 690-5843)	Escambia Okaloosa Santa Rosa Walton
2—Kay Henderson **e-mail:** hendersk@fdhc.state.fl.us 2639 N. Monroe Street, Suite 104-B Tallahassee, FL 32303-4074 (850) 921-8474 (SC: 291-8474) ext. 117 Fax: (850) 921-0394 (SC: 291-0394)	Bay Calhoun Franklin Gadsden Gulf Holmes Jackson Jefferson Leon Liberty Madison Taylor Wakulla Washington
3—John Bertholf **e-mail:** bertholj@fdhc.state.fl.us 1130 NE 16th Avenue Gainesville, FL 32601-4559 (352) 955-5192 (SC: 625-5192) ext. 112 Fax: (352) 955-7164 (SC: 625-7164)	Alachua Bradford Citrus Columbia Dixie Gilchrist Hamilton Hernando Lafayette Lake Levy Marion Putnam Sumter Suwannee Union
4—Pat Kelly **e-mail:** kellyp@fdhc.state.fl.us 921 North Davis Street Building A, Suite 160 Jacksonville, FL 32209-6806 (904) 353-2100 (SC: 826-2100) ext. 125 Fax: (904) 353-2159 (SC: 826-2159)	Baker Clay Duval Flagler Florida School for the Deaf and Blind Nassau St. Johns Volusia

Area Medicaid School Contacts

Medicaid Area	Counties
5—Mary Ann Hauckes **e-mail:** hauckesm@fdhc.state.fl.us 525 Mirror Lake Drive, Suite 510 St. Petersburg, FL 33701 (727) 552-1191 (SC: 513-2659) ext. 131 Fax: (727) 552-1216 (SC: 513-2124	Pasco
6—Harold Daniels **e-mail:** danielsh@fdhc.state.fl.us North Park Center 6800 North Dale Mabry Highway, Suite 220 Tampa, FL 33614-3979 (813) 871-7600 (SC: 512-8290) ext. 123 1-800-226-2316 ext. 123 Fax: (813) 673-4588 (SC: 512-8313)	Hardee Highlands Hillsborough Manatee Polk
7—Milagros (Millie) Chervoni **e-mail:** chervonm@fdhc.state.fl.us Hurston South Tower 400 West Robinson Street, S-309 Orlando, FL 32801 (407) 245-0862 (SC: 344-0862) ext. 152 Fax: (407) 245-0847 (SC: 344-0847	Brevard Orange Osceola Seminole
8—Betty Fine **e-mail:** fineb@fdhc.state.fl.us P.O. Box 60127 2295 Victoria Avenue, Room 309 Ft. Myers, FL 33906-0127 (941) 338-2367 (SC: 748-2367) Fax: (941) 338-2642 (SC: 748-2642)	Charlotte Collier DeSoto Glades Hendry Lee Sarasota
9—William Albury **e-mail:** alburyw@fdhc.state.fl.us 1720 East Tiffany Drive, S-200 West Palm Beach, FL 33407 (561) 881-5080 (SC: 264-5080) ext. 136 Fax: (561) 881-5085 (SC: 264-5085)	Indian River Martin Okeechobee Palm Beach St. Lucie

Area Medicaid School Contacts

Medicaid Area	Counties
10—Maria S. Rivera **e-mail:** riveram@fdhc.state.fl.us 1400 West Commercial Boulevarrd, S-110 Ft. Lauderdale, FL 33309 (954) 202-3200 (SC: 423-3200) ext. 131 Fax: (954) 202-3220 (SC: 423-3220	Broward
11—Florence Paris **e-mail:** parisf@fdhc.state.fl.us The Koger Center 8355 NW 53rd Street 2nd Floor Miami, FL 33166 (305) 499-2059 (SC: 429-2059) Fax: (305) 499-2022 (SC: 429-2022)	Dade Monroe

Appendix B

Medicaid Certified School Match Program
Documentation of Nursing Services

Directions for Appendix B

Student Name – Medicaid requires the student's name to be on all service documentation. It is recommended that the student's legal name, as it appears in official school records, be entered. If service documentation is done on a weekly basis, it is not necessary to enter the student's name for each date of service. One entry for the week will suffice.

DOB - Enter the student's date of birth. The date of birth will be helpful in identification of the student for Medicaid billing.

Teacher/Grade/School – Enter the grade, teacher, and school the student will be attending during the year. Identifying the grade, teacher, and school will allow the district to track Medicaid reimbursements at the school level.

Social Security Number – Enter the student's social security number, if known. The social security number will assist in obtaining the student's Medicaid number that is required for billing Medicaid.

Medicaid Number – Enter the student's Medicaid number, if known. This will assist the school district in appropriate billing

Physician/ARNP/PA – If applicable, enter the student's physician or other health care provider (advanced registered nurse practitioner or physician's assistant) prescribing the service, if applicable.

Procedure Ordered – If applicable, enter the procedure ordered by the physician, ARNP, or PA.

RN Review – This line is for optional use by the school district. However, for Medicaid purposes, non-prescription medications administered by a licensed practical nurse or school health aide must be recommended and evidenced as required by a registered nurse's signature on the medication log. This line may be used to satisfy this Medicaid requirement.

Date and Time of Service – Medicaid requires that service documentation include the date the nursing service was provided. It is recommended that the time the service is rendered be noted also.

Absent Code – Check the appropriate code when a student doew not receive the medication. If "other" is checked, enter an explanation in the comment space on the back of the form.

Place of Service – Medicaid requires documentation of the place where the nursing service was rendered. "Home" should be checked only if the service was provided in the student's home. Services being rendered at a school, community-based site, or during transport should be marked "school."

Procedure Code – To bill for services, Medicaid requires a procedure code for each nursing service delivered. Check the applicable procedure code (defined at the bottom of the form).

ICD/Diagnosis Code – Medicaid requires an ICD-9 diagnosis code for billing to support the medical need for nursing service. This form includes a column to make a diagnosis code entry for each date of service. If all services during the week address the same diagnosis, the code can be entered only once on the form.

Length of Service – Medicaid requires documentation of the length of time each service is performed. This entry should be in minutes. All service minutes for each student per day are rounded up to the nearest 15-minute unit (each 15 minutes is one unit). There is a service limitation of 32 units per provider per day.

Description of Service and Comments - Medicaid requires that service documentation include a description of the nursing service performed. There is also space in this column for comments that can be completed as needed.

Student's Reaction to Service - Medicaid requires that the student's reaction to the nursing service provided be documented. Place a check mark in one of the boxes. If "adverse reaction" is checked, it is appropriate to include written comments on the preceding column or in the space provided on the reverse side of the form.

Daily Initial or Weekly Signature/Title/Date – The nurse or school health aide must initial or sign/title/date each daily service entry to indicate that a service was provided. Medicaid allows daily entries to be initialed by the nurse or school health aide, provided the documentation is signed, titled, and dated on at least a weekly basis. The required signature, title, and date must be documented before the school district may bill Medicaid for services. The signature indicates that the service and activities documented were actually provided. If the nurse or school health aide chooses to sign, title, and date on a daily basis, there is no weekly requirement for the signature, title, and date.

Appendix B
Documentation of Nursing Services

Student Name: _____ **DOB:**_____ **School:**_____

Teacher/Grade: _____ **Social Security #:** _____ **Medicaid #:**_____

If Applicable, Please Complete:

Physician/ARNP/PA: _____ **Procedure Ordered:** _____

RN Review (Signature, credential/title, date): _____

Date/Time of Service	Absent Code	Place of Service	Procedure Code	ICD/ Diagnosis Code	Length of Service (Minutes)	Description of Service and Comments	Student's Reaction to Service	Daily Initial or Weekly Signature/Title/Date
	❒ Did not show ❒ Refused ❒ Field trip ❒ Other (see back)	❒ Home ❒ School	❒ W1185 ❒ W1184 ❒ W1195				❒ Appropriate ❒ Adverse	
	❒ Did not show ❒ Refused ❒ Field trip ❒ Other (see back)	❒ Home ❒ School	❒ W1185 ❒ W1184 ❒ W1195				❒ Appropriate ❒ Adverse	
	❒ Did not show ❒ Refused ❒ Field trip ❒ Other (see back)	❒ Home ❒ School	❒ W1185 ❒ W1184 ❒ W1195				❒ Appropriate ❒ Adverse	
	❒ Did not show ❒ Refused ❒ Field trip ❒ Other (see back)	❒ Home ❒ School	❒ W1185 ❒ W1184 ❒ W1195				❒ Appropriate ❒ Adverse	
	❒ Did not show ❒ Refused ❒ Field trip ❒ Other (see back)	❒ Home ❒ School	❒ W1185 ❒ W1184 ❒ W1195				❒ Appropriate ❒ Adverse	

Nursing Services Procedure Codes	
W1185 – Nursing Service-Registered Nurse	W1195 - Nursing Service-School Health Aide
W1184 – Nursing Service- Licensed Practical Nurse	

Additional Comments/Date/Signature: _____

Appendix C

Medicaid Certified School Match Program
Documentation of Medication Administration

Directions for Appendix C

Student Name – Medicaid requires the student's name to be on all service documentation. It is recommended that the student's legal name, as it appears in official school records, be entered. If service documentation is done on a weekly basis, it is not necessary to enter the student's name for each date of service. One entry for the week/month will suffice.

DOB – Enter the student's date of birth. The date of birth will be helpful in identification of the student for Medicaid billing.

ICD/Diagnosis Code – Medicaid requires an ICD-9 diagnosis code for billing to support the medical need for the medication administration. (Medicaid requires the student's diagnosis code to be in the student record.)

Social Security # – Enter the student's social security number (if known). The social security number will assist in obtaining the student's Medicaid number that is required for billing Medicaid.

Teacher/Grade/School – Enter the grade, teacher, and school the student will be attending during the year. Identifying the grade, teacher, and school will allow the district to track Medicaid reimbursements at the school level.

Physician/ARNP/PA - Enter the student's physician or other health care provider (advanced registered nurse practitioner or physician's assistant) prescribing the medication to be administered.

Medication/Dosage/Route - Medicaid requires the name of the medication, dosage of the medication, and route of administration to be documented.

Medication date/amount received: Enter the date the medication was received and the amount of medication received.

Medicaid #: Enter the student's Medicaid number, if known. This will assist the school district in appropriate billing.

RN Review - This line is optional for use by the school district. For Medicaid purposes, non-prescription medications administered by a licensed practical nurse or school health aide must be recommended and evidenced as required by a registered nurse's signature on the medication log. This line may be used to satisfy this Medicaid requirement.

Place of Service – Medicaid requires documentation of the place where the medication administration service was rendered. "Home" should be checked only if the service was provided in the student's home. Services being rendered at a school, community-based site or during transport should be marked "school."

Date and Time of Service – Medicaid requires that service documentation includes the date and time the medication administration service was provided.

Absent Code: Check the appropriate code when a student is absent. If "other" is checked, enter an explanation in the comment space on the back of the form.

Procedure Code – To bill for services, Medicaid requires a procedure code for each nursing service delivered. Enter the applicable procedure code as defined at the bottom of the form.

Student's Reaction to Service - Medicaid requires that the student's reaction to the medication administered be documented. Place a check mark in one of the boxes. If "adverse reaction" is checked, it is appropriate to include written comments in the space provided on the reverse side of the form. (Note: Time spent observing the student following the medication administration may be billed as a nursing service.)

Initial Each Service Provided – The nurse or school health aide must initial each medication administration service to indicate that the service was provided. If daily entries are initialed by the nurse or school health aide, Medicaid requires the documentation of medication administration to be signed, titled, and dated a minimum of weekly.

Nurse's or School Health Aide's Signature/Title/Date – The required signature, title, and date must be documented before the school district may bill Medicaid for medication administration services. The signature indicates that the services documented were actually provided. If the nurse or school health aide chooses to sign, title, and date on a daily basis, there is no weekly requirement for the signature, title and date. In order to comply with the Medicaid policy regarding documentation kept in log format, each page of the log should be signed, titled, and dated (if the dates on an individual log sheet cover less than one week).

Appendix C

Medication Administration Record

Student Name: _____ **DOB:**_____ **Diagnosis Code:** _____ **Social Security #:** _____

Teacher/Grade: _____ **School:**_____ **Physician/ARNP/PA:** _____

Medication/Dosage/Route: _____ **Medication date/amount received:**_____ **Medicaid #:**_____

RN Review (Signature, credential/title, date): _____ **Place of Service:** ❒ **Home** ❒ **School**

Date	Absent Code	Time	Procedure Code	Reaction	Initial	Weekly Signature/Title/Date
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		

Date	Absent Code	Time	Procedure Code	Reaction	Initial	Weekly Signature/Title/Date
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	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		

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	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		

Date	Absent Code	Time	Procedure Code	Reaction	Initial	Weekly Signature/Title/Date
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		

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	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		
	❒ Out of med. ❒ Did not show ❒ Refused ❒ Field trip ❒ Other		❒ W1187 ❒ W1186 ❒ W1194	❒ Adverse ❒ Appropriate		

Medication Administration Procedure Codes		
W1187 - Medication Administration-Registered Nurse	W1194 - Medication Administration-School Health Aide	W1186 - Medication Administration-Licensed Practical Nurse

Additional Comments/Date/Signature: _____

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
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